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P.O. Box 47250
Olympia, WA 98504-7250
Telephone: 360-664-1222
Fax: 360-586-1181

MC#: _____ US DOT#: _____
(If applicable) (If applicable)

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

TYPE OF CREDIT CARD:
(check one)

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

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EXPIRATION DATE: _____ AMOUNT \$ _____

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (Printed): _____

SIGNATURE: _____ DATE: _____

WUTC USE ONLY

AUTHORIZATION NUMBER: _____ STAFF MEMBER: _____

RECEPTION NUMBER: _____